

BEST AVAILABLE COPY

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	S. 2		05-24-01
OLPE CLASSIFIER	<i>[Signature]</i>	<i>[Signature]</i>	6/15/01
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

* ———— Rejected
 * ———— Allowed
 * ———— (Through summary) Cancelled
 * ———— Restricted
 H ———— This elected
 A ———— This refused
 O ———— Appeal
 O ———— Objected

Claim	Date	Claim	Date	Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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